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## **APPLICATION FOR CDL SKILLS TEST WAIVER-MILITARY**

North Dakota Department of Transportation, Drivers License Division SFN 60071 (11-2011)

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Telep	Telephone Number							Sc	Social Security Number						Date of Birth							
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				•		-	•		cept	for a m	ilitary	/ licens	e).									
	I have not had my driving privileges suspended, revoked, or canceled.																					
	I have not been convicted of any disqualifying offenses contained in 49 CFR 383.51(b).																					
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Applicant Signature														Date								

Federal Privacy Act of 1974
Disclosure of the individual's social security number on this form is mandatory pursuant to NDCC 39-06-07. The individual's social security number is used by the department for file control purposes and record keeping.

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## The **military letter** required as evidence must:

- 1. Be written on military letterhead.
- 2. Clearly identify the military member applying for the CDL Skills Test Waiver.
- 3. Confirm the military member is regularly employed or has been employed within the last 90 days in a military position that required operating a commercial motor vehicle.
- 4. Clearly describe what type or types of commercial motor vehicles the military member operated (GVWR of vehicle(s), Straight Truck, Combination Vehicle, Tractor-trailer, type of braking system for example, airbrake, hydraulic, partial air; type of transmission for example, manual or automatic).
- 5. Confirm the military member operated that particular type of commercial motor vehicle a minimum of two years immediately preceding discharge from the military.
- 6. Must be signed by the military member's commanding officer or appropriate military administrative office.

## Mail this application and the required military letter to:

Drivers License Division 608 E Boulevard Avenue Bismarck, ND 58505-0750

Upon review of your application and driving record check, the Drivers License Division will notify you in writing if you meet or do not meet the CDL Skills Test Waiver requirements.